



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$542881000	Contractual Allowance	\$694331000
Outpatient Patient Service Revenue	\$508720000	Other Deductions	\$7227000
Total Gross Patient Service Revenue	\$1051601000	Total Deductions	\$701558000

3. Total Operating Revenue	
Net Patient Service Revenue	\$350043000
Other Operating Revenue	\$13172000
Total Operating Revenue	\$363215000

4. Operating Expenses	
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Salaries and Wages	\$112315000	Employee Benefits	\$23989000
Depreciation and Amortization	\$16718000	Interest Expense	\$823000
Bad Debt	\$29765000	Other Expenses	\$154159000
Total Operating Expenses	\$337769000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$25446000	Total Assets	\$272101000
Net Non-operating Gains over Loss	\$1617000	Total Liabilities	\$119637000
Total Net Gains	\$27063000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$547771000	\$430552000	\$117219000
Medicaid	\$164650000	\$115945000	\$48705000
Other Government	\$0	\$0	\$0
Other State	\$4998000	\$4556000	\$442000
Other Payers	\$334182000	\$150505000	\$183677000
Total	\$1051601000	\$701558000	\$350043000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$345000	\$-345000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$4000	\$1325000	\$-1321000
Hospital Patients	\$0	\$0	\$0
Community Education	\$80000	\$277000	\$-197000

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	10204
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$3126000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$916000	
HCI Payments	\$0		
Subtotal	\$0	\$916000	\$-916000
Medicaid Shortfalls	\$49580000	\$49689000	
Subtotal	\$49580000	\$50605000	\$-1025000
DSH Payments	\$0		

	Subtotal	\$49580000	\$50605000	\$-1025000
Medicare Shortfalls		\$117900000	\$160438000	
Other Government Programs		\$0	\$0	
	Total	\$167480000	\$211043000	\$-43563000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$137000	\$721000	\$-584000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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